



U.S. Department of Transportation  
**National Highway Traffic Safety Administration**

Auto Safety Hotline

### Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
 DC METRO AREA (202) 366-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY 231**

Date Received

20-MAR-2001

Ord. or rt. dt \_\_\_\_\_  
 Ord. or rt. dt \_\_\_\_\_  
 Ord. or rt. dt \_\_\_\_\_  
 Ord. or rt. dt \_\_\_\_\_

Reference No.

883425

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	DODGE TRUCK	DURANGO	2000	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 12111200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE IN A FRONT END ACCIDENT AT ANY TIME AIR BAG DEPLOYED. PLEASE PROVIDE FURTHER INFORMATION. \*AK

COPIES OF THIS FORM ARE AVAILABLE FROM:

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 231**

Date Received: 20-MAR-2001  
 Od\_or: \_\_\_\_\_  
 rd\_dt: \_\_\_\_\_  
 od\_rt: \_\_\_\_\_  
 up\_itr: \_\_\_\_\_  
 Reference No.: 883425

**OWNER INFORMATION (Type or Print)**

681074  
 Work Number: \_\_\_\_\_  
 Home Num: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an address to the vehicle manufacturer, Signature of Owner: \_\_\_\_\_ Date: 4/3/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located at bottom of _____)	Vehicle Make: DODGE TRUCK	Vehicle Model: DURANGO	Vehicle Year: 2000	Current Odometer Reading: 24,000		
Purchase Date: 11/99	Dealer's Name: Brandon Dodge	Engine Size (CID/CC/L): _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Tampa State: FL Zip Code: _____	No Cylinders: 8				
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System: <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train: <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style: <input checked="" type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 12111200	Part Name(s): INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTA	Location: <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s): <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures: 1	Date(s) of Failure(s): 2/27/01	Mileage at Failure(s): _____	Vehicle Speed at Failure(s): 25
		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: 0	Number of Fatalities: 0	Estimated Property Damage: 5,000	Reported to Police: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

WHILE IN A FRONT END ACCIDENT AT ANY TIME AIR BAG DEPLOYED. PLEASE PROVIDE FURTHER INFORMATON. \*AK

Airbags did Not Deploy At all, DRIVER or pass!

CONTINUE ON BACK IF NEEDED

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